

Case Number:	CM13-0003405		
Date Assigned:	03/21/2014	Date of Injury:	12/30/2008
Decision Date:	06/10/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant present with a 12/03/2008 date of injury. Diagnoses include knee pain, finger pain, carpal tunnel syndrome, shoulder pain, and neck and low back pains. There is a request for Flurbi/Diclo/Gaba/Lido cream which is a topical compounded cream. Date of service is from 05/24/2013, but unfortunately this report is not included for this review. Utilization review denial letter is dated 07/04/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLURBIPROFEN 10% / CYCLOBENZAPRINE 2% / CAPSAICIN 0.125% / LIDOCAINE 1%, 120ML, 30 DAY SUPPLY, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: MTUS Guidelines states that for compounded topical products, if one of the components is not recommend, then the entire compound is not recommended. MTUS Guidelines does not support cyclobenzaprine for topical use. Therefore, the request for

Flurbiprofen 10% / Cyclobenzaprine 2% / Capsaicin 0.125% / Lidocaine 1%, 120ml, 30 day supply, with 2 refills is not medically necessary and appropriate.

KETOPROFEN 15% / LIDOCAINE 1% / CAPSAICIN 0.012% / TRAMADOL 5%, 120ML, 30 DAY SUPPLY, WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

Decision rationale: MTUS Guidelines does not support compounded products unless each one of the separate components are recommended. In this topical compound, tramadol is not recommended for topical formulation. Furthermore, Ketoprofen is also not recommended for topical product per MTUS Guidelines. Therefore, the request for Ketoprofen 15% / Lidocaine 1% / Capsaicin 0.012% / Tramadol 5%, 120ml, 30 day supply, with 2 refills, is not medically necessary and appropriate.